

## 10633 CERTIFICATE OF DEATH

Reg. Dist. No. 10639 51

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Calvert</i>	MARYLAND	STATE <i>Md</i>	COUNTY <i>Calvert</i>
CITY (If outside corporate limits, write OR and give nearest town) <i>Jewell</i>	RURAL LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) <i>Jewell</i>	TOWN <i>X</i>
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) <i>Doris</i>	(Middle)	(Last) <i>Brooks</i>	(Month) <i>11</i> (Day) <i>14</i> (Year) <i>1955</i>
5. SEX: <i>7</i>	6. COLOR OR RACE: <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>S</i>	8. DATE OF BIRTH: <i>9/22/55</i>
9. AGE last birthday: <i>8</i> yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:		10b. KIND OF BUSINESS OR INDUSTRY:	
11. BIRTHPLACE (State or foreign country): <i>Md</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: <i>Dorsey Brooks</i>		14. MOTHER'S MAIDEN NAME: <i>Adelaide Jones</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.:	
17. INFORMANT & ADDRESS: <i>Mother</i>			
18. MEDICAL CERTIFICATION			
a. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death	
772.0 Immediate cause		(a) <i>Malnutrition</i>	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.		(b) <i>Has not been seen since it left Hospital</i>	
(c) <i>Volley but shind loves</i>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
SUICIDE		(CITY OR TOWN) (COUNTY) (STATE)	
HOMICIDE			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 530 Ave. from the causes and on the date stated above.			
SIGNATURE <i>H. W. Ward</i> (Degree or title)		DATE SIGNED <i>11/15/55</i>	
23. BURIAL, CREMATION, REMOVAL (Specify)		NAME OF CEMETERY OR CREMATORY	
DATE THEREOF <i>11/15/55</i>		LOCATION City, town, or county (State)	
DATE REC'D BY LOCAL REGISTRAR <i>11/15/55</i>		REGISTRAR'S SIGNATURE <i>H. W. Ward</i>	
24. FUNERAL DIRECTOR		ADDRESS	
<i>Edmunds</i>		<i>Chas. Beaul</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

NOV 29 1955

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10634				10640			
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18				Reg. Dist.			
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 5-1							
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Calvert</u>		MARYLAND		STATE <u>MD</u>		COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town)		X	
TOWN <u>None</u>				TOWN <u>None</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED:				4. DATE OF DEATH			
(First) <u>Sharon</u> (Middle) <u>Brown</u> (Last) <u>Brown</u>				(Month) <u>11</u> (Day) <u>20</u> (Year) <u>1955</u>			
5. SEX: <u>7</u>		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED:		8. DATE OF BIRTH:	
						<u>3/24/55</u>	
9. AGE last birthday:		10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>9 mos.</u>				<u>MD</u>		<u>U.S.</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>Bernard Brown</u>				<u>Emma Harrod</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:	
						<u>Wayne Brook</u>	
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
<p>491X</p> <p>Immediate cause (a) <u>Pneumonia Bronchitis</u></p> <p>DUE TO</p> <p>Antecedent cause(s) (b) <u>giving rise to the above cause</u></p> <p>DUE TO</p> <p>stating underlying cause last (c)</p>							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
<u>Died suddenly after breakfast</u>							
19a. DATE OF OPERATION:				19b. MAJOR FINDING OF OPERATION:			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/>		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)		21c. (City or town) (County)		21d. HOW DID INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>					
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE <u>H. W. Ward</u> CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>11/20/57</u>							
DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> M. D. ASSISTANT MEDICAL EXAM. <input type="checkbox"/>							
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Buried</u>		<u>Nov. 21/57</u>		<u>St. Elmonds Church</u>		<u>Chesapeake Beach, Md.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>11-21-57</u>		<u>H. W. Ward</u>		<u>Greg Berry</u>		<u>Huntington, Md.</u>	

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## 10635 CERTIFICATE OF DEATH

10641

Reg. Dist. No. 51

Item 9, Film G190 12-13-55 et

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Calvert</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Calvert</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Huntingtown</u>		<u>57</u>		TOWN <u>Huntingtown</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>64 Prince Frederick</u>							
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Alice</u> (Middle) <u>Coates</u> (Last)				(Month) <u>11</u> (Day) <u>26</u> (Year) <u>1955</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>F.</u>	<u>Negro</u>	<u>Married</u>	<u>Dec. 9, 1898</u>	<u>56</u> <u>44</u> yrs.	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Housewife</u>				<u>Calvert County</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Joe Chase</u>				<u>Lizzie Chase</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS	
						<u>Husband</u> <u>Charles Coates, Huntingtown, Md.</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
260X IMMEDIATE CAUSE (A) <u>Cerebral Hemorrhage</u>							
ANTECEDENT CAUSE(S) DUE TO (B) <u>- Diabetes mellitus</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
		<u>Amputation both legs (Two years ago).</u>					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
		M. <input type="checkbox"/> <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>Nov 26, 1955</u> , to <u>Nov 26, 1955</u> , that I last saw the deceased alive on <u>Nov 26, 1955</u> , and that death occurred at <u>9:30</u> M., from the causes and on the date stated above.							
SIGNATURE <u>R. Williams</u>				ADDRESS (Street, city, town, state) <u>S. L. Hermann</u> DATE SIGNED <u>Nov 27/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
		<u>11-29-55</u>		<u>Patuxent</u>		<u>Huntingtown, Md</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
DATE <u>11-29-55</u>		<u>H. W. Ward</u>		<u>P. E. Sewell, Prince Fred.</u>			

VS A15C 1-55 10M

INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

# 10055 CERTIFICATE OF DEATH

1965

1. NAME OF DECEASED

2. PLACE OF BIRTH

3. SEX

4. AGE

5. OCCUPATION

6. MARITAL STATUS

7. RACE

8. RELIGION

9. DATE OF DEATH

10. TIME OF DEATH

11. PLACE OF DEATH

12. CAUSE OF DEATH

13. MANNER OF DEATH

14. SIGNATURE OF PHYSICIAN

15. SIGNATURE OF REGISTRAR

16. SIGNATURE OF WITNESSES

17. SIGNATURE OF DECEASED

18. SIGNATURE OF NEXT OF KIN

19. SIGNATURE OF CLERK

20. SIGNATURE OF JURY

21. SIGNATURE OF JUDGE

22. SIGNATURE OF SHERIFF

23. SIGNATURE OF CORONER

24. SIGNATURE OF DISTRICT ATTORNEY

25. SIGNATURE OF COUNTY CLERK

26. SIGNATURE OF CITY CLERK

27. SIGNATURE OF STATE CLERK

28. SIGNATURE OF FEDERAL CLERK

29. SIGNATURE OF POSTAL CLERK

30. SIGNATURE OF TELEPHONE CLERK

31. SIGNATURE OF RAILROAD CLERK

32. SIGNATURE OF AIRLINE CLERK

33. SIGNATURE OF MARINE CLERK

34. SIGNATURE OF NAVY CLERK

35. SIGNATURE OF ARMY CLERK

36. SIGNATURE OF AIR FORCE CLERK

37. SIGNATURE OF SPACE CLERK

38. SIGNATURE OF COAST GUARD CLERK

39. SIGNATURE OF CUSTOMS CLERK

40. SIGNATURE OF IMMIGRATION CLERK

41. SIGNATURE OF INSURANCE CLERK

42. SIGNATURE OF BANK CLERK

43. SIGNATURE OF POST OFFICE CLERK

44. SIGNATURE OF RAILROAD CLERK

45. SIGNATURE OF AIRLINE CLERK

46. SIGNATURE OF MARINE CLERK

47. SIGNATURE OF NAVY CLERK

48. SIGNATURE OF ARMY CLERK

49. SIGNATURE OF AIR FORCE CLERK

50. SIGNATURE OF SPACE CLERK

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INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10636 **CERTIFICATE OF DEATH**

10642

Reg. Dist. No. 52

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <u>Calvert</u>		STATE <u>Maryland</u> COUNTY <u>Calvert</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chesapeake Beach</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chesapeake Beach</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Prince Fred.</u>		LENGTH OF STAY (In this place) <u>40 days</u>		TOWN <u>Chesapeake Beach</u>		TOWN <u>Chesapeake Beach</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert County Hospital</u>				STREET ADDRESS (If rural give location) <u>1</u>			
<b>3. NAME OF DECEASED</b> (Type or Print)				<b>4. DATE OF DEATH</b>			
(First) <u>Allan</u>		(Middle) <u>T</u>		(Last) <u>Garland</u>		(Date) <u>Nov. 30 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 29, 1874</u>	9. AGE last birthday <u>81</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired - R. R. Dining Car Steward</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>New Found Land</u>		11. BIRTHPLACE (State or foreign country) <u>U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Eli Garland</u>				14. MOTHER'S MAIDEN NAME <u>Sara Cummins</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>MRS. OLIVE Garland Chesapeake Beach, Md.</u>			
<b>18. MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>			
18a. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18b. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
7824 IMMEDIATE CAUSE (A) <u>MALNUTRITION -</u>				ANTecedent CAUSE(S) DUE TO <u>HEART FAILURE</u>			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>INTESTINAL RESECTION</u>		21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> M. <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>SEPT 1955</u> to <u>NOV 30, 1955</u> , that I last saw the deceased alive on <u>NOV 30, 1955</u> , and that death occurred at <u>7 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Robert Williams</u>				ADDRESS (Street, city, town, state) <u>St. James</u>		DATE SIGNED <u>Nov 30</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>12/5/55</u>		NAME OF CEMETERY OR CREMATORY <u>Cedar Hill</u>		LOCATION (City, town, or county) (State) <u>Prince Georges Co. Md</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Grace L. Hutchins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Fulchur</u>		ADDRESS <u>Prince Georges Co. Md</u>	
DATE <u>12/2/55</u>							

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# 10088 CERTIFICATE OF DEATH

FILE NO. 100

DEPARTMENT OF HEALTH

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INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A13C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 10637 CERTIFICATE OF DEATH

10643

Reg. Dist. No. 51

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <i>Calvert</i>		MARYLAND		STATE <i>Maryland</i> COUNTY <i>Calvert</i>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <i>Prince Frederick</i>				TOWN <i>Olivet</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Calvert County Hospital</i>				STREET ADDRESS (If rural give location) <i>1</i>			
<b>3. NAME OF DECEASED</b> (Type or Print) (First) (Middle) (Last) <i>Gross</i>				<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <i>Nov 3 19 55</i>			
<b>5. SEX</b> <i>Male</i>	<b>6. COLOR OR RACE</b> <i>Negro</i>	<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)</b> <i>—</i>	<b>8. DATE OF BIRTH</b> <i>December 3, 1951</i>	<b>9. AGE last birthday</b> yrs. <i>4</i>	<b>IF UNDER 1 YEAR</b> Months <i>7</i> Days <i>55</i>	<b>IF UNDER 24 HRS.</b> Hours <i>7</i> Min. <i>55</i>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country)		<b>12. CITIZEN OF WHAT COUNTRY?</b>	
<b>13. FATHER'S NAME</b> <i>Bozell Gross, Jr.</i>				<b>14. MOTHER'S MAIDEN NAME</b> <i>Norma Gray</i>			
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unk.) (If Yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT &amp; ADDRESS</b> <i>Norma Gray - Olivet</i>			
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>				<b>18. MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>776X IMMEDIATE CAUSE (A)</b> <i>Premature</i>							
<b>ANTECEDENT CAUSE(S) DUE TO</b>							
<b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)</b>							
<b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>							
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)</b>		<b>21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)</b>		<b>21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)</b>			
<b>21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)</b>		<b>21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/></b>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <i>11/3</i>, 19<i>55</i>, to <i>11/3</i>, 19<i>55</i>, that I last saw the deceased alive on <i>11/3</i>, 19<i>55</i>, and that death occurred at <i>1:30</i> M., from the causes and on the date stated above.</b>							
<b>SIGNATURE</b> <i>Paul Lane</i> M.D.				<b>ADDRESS (Street, city, town, state)</b> <i>5th Avenue</i>		<b>DATE SIGNED</b> <i>11/3</i>	
<b>23. (BURIAL, CREMATION, REMOVAL) (SPECIFY)</b>		<b>DATE THEREOF</b> <i>11-4-55</i>		<b>NAME OF CEMETERY OR CREMATORY</b> <i>Eastern Chapel</i>		<b>LOCATION (City, town, or county) (State)</b> <i>Olivet Md</i>	
<b>24. REC'D BY REGISTRAR</b> <i>11-4-55</i>		<b>REGISTRAR'S SIGNATURE</b> <i>H. W. Ward</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>P. E. Sewell</i>		<b>ADDRESS</b> <i>Prince Frederick</i>	

# CERTIFICATE OF DEATH

0033

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

INSTRUCTIONS

1. This certificate is to be filled out by the physician or other qualified person who has attended the deceased or who has examined the body after death. It should be filled out as soon as possible after death, and should be signed by the person who has filled it out. It should be filed in the records of the health department.

BUREAU V. S.

APR 2, 1955

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INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A13C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10638

## CERTIFICATE OF DEATH

10644

Reg. Dist. No. ....

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <u>CALVERT</u>		MARYLAND		STATE <u>MD</u>		COUNTY <u>CALVERT</u>	
CITY (If outside corporate limits, write RURAL or and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN	
<u>X</u> TOWN <u>DARES BEACH</u>		<u>7 YRS.</u>		<u>DARES BEACH.</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>—</u>				<u>—</u>			
<b>3. NAME OF DECEASED</b> (First) (Middle) (Last)				<b>4. DATE OF DEATH</b> (Month) (Day) (Year)			
<u>EMMA G. RUSHING</u>				<u>NOV. 9, 1955</u>			
<b>5. SEX</b>	<b>6. COLOR OR RACE</b>	<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)</b>	<b>8. DATE OF BIRTH</b>	<b>9. AGE last birthday</b>	<b>IF UNDER 1 YEAR</b>	<b>IF UNDER 24 HRS.</b>	
<u>F</u>	<u>W</u>	<u>W</u>	<u>FEB. 3, 1876</u>	<u>79</u> yrs.	Months <u>9</u>	Days <u>6</u>	Hours <u>—</u> Min. <u>—</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country)		<b>12. CITIZEN OF WHAT COUNTRY?</b>	
<u>HOUSEWIFE</u>		<u>HOME</u>		<u>HUMPHREYS CO., TENN.</u>		<u>U.S.A.</u>	
<b>13. FATHER'S NAME</b>				<b>14. MOTHER'S MAIDEN NAME</b>			
<u>FELIX TOTTY</u>				<u>NARCISSUS C. TAYLOR</u>			
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unk.) (If Yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT &amp; ADDRESS</b>			
<u>NO</u>		<u>NO</u>		<u>KATHERINE PETERSON</u> <u>DARES BEACH MD</u>			
<b>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>						<b>18. MEDICAL CERTIFICATION</b>	
<u>420.1 IMMEDIATE CAUSE (A) CORONARY OCCLUSION</u>						<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<u>ANTECEDENT CAUSE(S) DUE TO Arterio Sclerosis</u>						<u>1 hr.</u>	
<b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.</b> DUE TO (C)						<u>6 years</u>	
<b>11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>						<u>Hypertrophic Arteriosclerosis Deformans</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>					
<u>—</u>		<u>—</u>					
<b>21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)</b>		<b>21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)</b>		<b>21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)</b>		<b>2D. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/></b>	
<u>—</u>		<u>—</u>		<u>—</u>		<u>—</u>	
<b>21d. TIME OF INJURY (Month) (Day) (Year) (Hour)</b>		<b>21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/></b>		<b>21f. HOW DID INJURY OCCUR?</b>			
<u>—</u>		<u>—</u>		<u>—</u>			
<b>22. I hereby certify that I attended the deceased from <u>1957</u> to <u>11/9</u>, 19<u>55</u>, that I last saw the deceased alive on <u>Oct 28</u>, 19<u>55</u>, and that death occurred at <u>5 A.M.</u> from the causes and on the date stated above.</b>							
<b>SIGNATURE</b>		<b>DATE THEREOF</b>		<b>NAME OF CEMETERY OR CREMATORY</b>		<b>LOCATION (City, town, or county) (State)</b>	
<u>George J. Smith</u>		<u>NOV. 11, 1955</u>		<u>APPOMATTOX CEM.</u>		<u>HOPEWELL VA.</u>	
<b>23. BURIAL, CREMATION, REMOVAL (Specify)</b>		<b>REGISTRAR'S SIGNATURE</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b>		<b>ADDRESS</b>	
<u>BURIAL</u>		<u>N. W. Ward</u>		<u>A. A. HARKNESS &amp; SON</u>		<u>MUTUAL, MD.</u>	
<b>DATE</b>		<b>11-10-55</b>					

0014

# 10038 CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DECEASED

BUREAU V. 8

NOV 14 1955

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10639

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
**MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

10645  
Reg. Dist.

No. 51

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Calvert</u>	MARYLAND	STATE <u>MD</u>	COUNTY <u>Calvert</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	OR TOWN
TOWN <u>Island Creek</u>	<u>2 mos. 30 da.</u>	TOWN <u>Island Creek</u>	<u>x</u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
		<u>72nd</u>	
3. NAME OF DECEASED:		4. DATE OF DEATH	
(First) <u>Lan</u>	(Middle) <u>chester</u>	(Last) <u>Thomas</u>	(Month) <u>November</u>
(Type or Print)			(Day) <u>6</u>
			(Year) <u>1955</u>
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:
<u>male</u>	<u>colored</u>		<u>Mar. 7, 1955</u>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:	9. AGE last birthday:
<u>NONE</u>			yrs. <u>7</u>   <u>30</u>   <u>0</u>
11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>Calvert Co. Mesp.</u>		<u>U.S.</u>	
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
<u>ROBERT THOMAS</u>		<u>ERNESTINE SMITH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:	
<u>NO</u>			
17. INFORMANT & ADDRESS:		18. MEDICAL CERTIFICATION	
<u>ERNESTINE SMITH</u>		<u>Island Creek Maryland</u>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH	
490X Immediate cause (a) <u>Solar Pneumonia</u> DUE TO		<u>2 days</u>	
Antecedent cause(s) (b) <u>DUE TO</u> Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: <u> Died without medical attend.</u>			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
		<u>Island Creek Calvert</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE <u>H. W. Ward</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>11/6/55</u> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/>	
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>Nov. 8, 1955</u>	
NAME OF CEMETERY OR CREMATORY <u>St. Hope Church Cemetery</u>		LOCATION (City, town, or county) (State) <u>Sunderland Md.</u>	
DATE REC'D BY LOCAL REG. <u>11-7-55</u>		REGISTRAR'S SIGNATURE <u>H. W. Ward</u>	
FUNERAL DIRECTOR <u>Leroy Barry</u>		ADDRESS <u>Huntingtown, Md.</u>	

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UNITED STATES DEPARTMENT OF JUSTICE  
BUREAU OF PRISONS  
WASHINGTON, D. C.

BUREAU V. S.

APR 11 1955

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